

Children and Family Treatment and Support Services: Medical Necessity/Service Authorization Requirements for 3 CFTSS

Other Licensed Practitioner (OLP)

Psychosocial Rehabilitation (PSR)

Community Psychiatric Supports and Treatment (CPST)

Introduction

The information and dates in this presentation are accurate as of the date of this presentation or delivery of content (Oct 30th)



Agenda

- ▶ **Pathways to Care**
- ▶ **Utilization Management:**
 - Medical Necessity Criteria
 - Service Authorization Requirements
- ▶ **Example Scenarios**

This presentation covers the 3 CFTSS to be implemented on January 1, 2019:

- Other Licensed Practitioner (OLP)
- Psychosocial Rehabilitation (PSR)
- Community Psychiatric Supports and Treatment (CPST)

Pathways to Care



Pathways to Care

- ▶ There are a variety of ways in which children/youth can access these services.
- ▶ A behavioral health need can be identified by multiple sources including parents and other caregivers, pediatricians, care managers, school personnel, clinicians, or the young person themselves.
- ▶ Services can be utilized individually or a part of a comprehensive service package for child/youth and their families.

Pathways to Care

- ▶ Anyone can make a **referral** for services, but the determination for access (**recommendation**) and service provision must be made by a licensed practitioner who can discern and document medical necessity.
- ▶ It is expected that the referral source link the member to the appropriate service provider.
 - If a member reaches out to a MMCP indicating they were “referred” for services but without a connection/linkage to a provider, the member must be referred to a qualified provider to obtain a recommendation for services.

Pathways to Care

Referral: Occurs when an individual or service provider identifies a need in a child/youth and/or their family and makes a linkage/connection to a service provider for the provision of a service that can meet that need.

Recommendation: Occurs when a treating Licensed Practitioner of the Healing Arts (LPHA) identifies a particular need in a child/youth based on a completed assessment and documents the medical necessity for a specific service, including the service on the child/youth's treatment plan.

- ▶ Any LPHA can provide the recommendation
- ▶ Health Homes are not involved/required for access/entry into CFTSS

Pathways to Care

OLP: for a child to access OLP services, the child/youth does not require a behavioral health diagnosis.

CPST: for a child to access CPST services, the child/youth must be at risk for the development of or have a behavioral health diagnosis.

PSR and other CFTSS services: for a child to access the other four CFTSS services, a child must have a documented behavioral health diagnosis. If the child is not yet diagnosed, a referral must be made to a Licensed Practitioner who has the ability to diagnose in the scope of their practice.

Authorization & Utilization Management



What is Utilization Management?

Definition: Procedures used to monitor or evaluate clinical necessity, appropriateness, efficacy, or efficiency of behavioral health care services, procedures, or settings and includes ambulatory review, prospective review, concurrent review, retrospective review, second opinions, care management, discharge planning, and service authorization.

Designated providers must have the ability to bill FFS and managed care, but today's presentation focuses on the managed care utilization management and authorization processes

Continuity of Care Requirements

Plans may not conduct utilization management or require service authorization for a period of 90 days from the implementation date for all services newly carved into managed care for individuals under the age of 21.

MMCPs are required to offer contracts to all NYS-designated providers of Children's Specialty Services, within the MMCP's service area, who were formerly a provider of services for the 1915(c) waivers.

For newly carved in services, if a provider is delivering a service to the enrollee prior to the implementation date, MMCP must allow a provider to continue to treat an enrollee on an out of network basis for up to 24 months following the implementation date by providing a single case agreement.

Types of Authorization Reviews

UM will occur at different points in the healthcare delivery cycle:

Pre-Service/Prior authorization: provider must request permission from the MMCP before delivering a service in order to receive payment

- NOT Required for OLP, CPST or PSR services
- Providers are strongly encouraged to notify MMCPs that they will be providing the service before the first visit.

Concurrent review: occurs during an ongoing course of treatment (such as inpatient hospital admission) to ensure that such treatment remains appropriate

- NYS is currently working on a standardized process via a general form

Authorization Summary

The first 3 service visits with OLP, CPST and PSR do not require authorization, however providers must notify MMCPs before providing services to ensure proper and timely payment.

If more services are needed and individual meets medical necessity, plans perform concurrent review and MMCPs must provide a minimum of 30 service visits

- Plans are not required to perform concurrent review after the 4th visit, but can not perform earlier.

30-visit count should not include: a) FFS visits or visits paid by another MMCP; or b) psychiatric assessment and medication management visits. Multiple services received on the same day shall count as a single visit.

Concurrent Review Process

If concurrent review is required by an MMCP, then provider submits concurrent authorization request to MMCP for medical necessity review. Provider has up to 3 visits before authorization can be required for additional services.

The MMCP reviews the authorization request with supporting documentation to evaluate medical necessity.

Process for Concurrent Review

- State exploring standardized form for concurrent review

What is Medical Necessity?

Medical necessity is the standard terminology that all healthcare professionals and entities will use in the review process when determining if medical care is appropriate and essential.

New York State Department of Health requires the following definition of Medically Necessary:

Medically necessary means health care and services that are necessary to prevent, diagnose, manage or treat conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity, or threaten some significant handicap. (N.Y. Soc. Serv. Law, § 365-a).

Medical Necessity for OLP



OLP Admission

Criteria 1 or 2 must be met for admission to OLP:

The child/youth being assessed by the NP-LBHP to determine the need for treatment. The NP-LBHP develops a treatment plan for goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits that:

1. Corrects or ameliorates conditions that are found through an EPSDT screening
2. Addresses the prevention, diagnosis, and/or treatment of health impairments; the ability to achieve age-appropriate growth and development, and the ability to attain, maintain, or regain functional capacity.

OLP Continued Stay

Criteria 1 or 2 and 3, 4, 5, 6 are met

- 1) The child/youth is making some progress but has not fully reached established service goals and there is expectation that if the child/youth continues to improve, then the service continues OR
- 2) Continuation of the service is needed to prevent the loss of functional skills already achieved AND
- 3) The child/youth continues to meet admission criteria (see previous slide) AND
- 4) The child/youth and/or family/caregiver(s) continue to be engaged in services AND
- 5) An alternative service would not meet the child/youth's needs AND
- 6) The treatment plan has been appropriately updated to establish or modify ongoing goals

OLP Discharge

Any of the following 6 criteria must be met for a child/youth to be discharged:

1. The child/youth no longer meets continued stay criteria
2. The child/youth has successfully reached individual/family established service goals for discharge
3. The child/youth or parent/caregiver withdraws consent for services
4. The child/youth is not making progress on established service goals, nor is there expectation of any progress with continued provision of services
5. The child/youth is no longer engaged in service despite multiple attempts on the part of the provider to apply reasonable engagement strategies
6. The child/youth and/or family/caregiver(s) no longer needs OLP as he/she is obtaining a similar benefit through other services and resources

Medical Necessity for PSR



PSR Admission

All of the following criteria must be met:

- 1) The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM
- 2) The child/youth is likely to benefit from and respond to the service to prevent the onset of the worsening of symptoms
- 3) The service is needed to meet rehabilitative goals by restoring, rehabilitating, and/or supporting a child/youth's functional level to facilitate integration of the child/youth as participant of their community and family

PSR Admission Continued

- 4) The services are recommended by the following Licensed Practitioners of the Healing Arts (LPHA) operating within the scope of their practice under the State License
- a. Licensed Master Social Worker
 - b. Licensed Clinical Social Worker
 - c. Licensed Mental Health Counselor
 - d. Licensed Creative Arts Therapist
 - e. Licensed Marriage and Family Therapist
 - f. Licensed Psychoanalyst
 - g. Licensed Psychologist
 - h. Physician's Assistant
 - i. Psychiatrist
 - j. Physician
 - k. Registered Professional Nurse
 - l. Nurse Practitioner

PSR Admission Continued

- 5) The services are recommended by the following Licensed Practitioners of the Healing Arts (LPHA) operating within the scope of their practice under the State License:
- a. Licensed Master Social Worker
 - b. Licensed Clinical Social Worker
 - c. Licensed Mental Health Counselor
 - d. Licensed Creative Arts Therapist
 - e. Licensed Marriage and Family Therapist
 - f. Licensed Psychoanalyst
 - g. Licensed Psychologist
 - h. Physician's Assistant
 - i. Psychiatrist
 - j. Physician
 - k. Registered Professional Nurse
 - l. Nurse Practitioner

PSR Continued Stay

All of the following criteria must be met:

- 1) The child/youth continues to meet admission criteria (see previous slide)
- 2) The child/youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is expectation that if the service continues, the child/youth will continue to improve
- 3) The child/youth does not require an alternative and/or higher, more intensive level of care or treatment
- 4) The child/youth is at risk of losing skills gained if the service is not continued
- 5) Treatment planning includes family/caregiver and/or other support systems unless not clinically indicated or relevant

PSR Discharge

Any of the following 6 criteria must be met for a child/youth to be discharged:

- 1) The child/youth no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive
- 2) The child/youth has successfully met the specific goals outlined in the treatment plan for discharge
- 3) The child/youth or parent/caregiver(s) withdraws consent for services
- 4) The child/youth is not making progress on established service goals, nor is there expectation of any progress with continued provision of services
- 5) The child/youth is no longer engaged in the service, despite multiple attempt on the part of the provider to apply reasonable engagement strategies
- 6) The child/youth and/or family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources

Medical Necessity for CPST



CPST Admission

All of the following criteria must be met:

- 1) The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM or the child is at risk of development of a behavioral health diagnosis
- 2) The child/youth is likely to benefit and respond to the service to prevent the onset or the worsening of symptoms

CPST Admission Continued

- 3) The child/youth is expected to achieve skill restoration in one of the following areas:
 - a. Participation in Community Activities and/or Positive Peer Support Networks
 - b. Personal Relationships
 - c. Personal Safety and/or Self-Regulation
 - d. Independence/Productivity
 - e. Daily Living Skills
 - f. Symptom Management
 - g. Coping Strategies and Effective Functioning in the home, school, social, or work environment

CPST Admission Continued

- 4) The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License:
- a. Licensed Master Social Worker
 - b. Licensed Clinical Social Worker
 - c. Licensed Mental Health Counselor
 - d. Licensed Creative Arts Therapist
 - e. Licensed Marriage and Family Therapist
 - f. Licensed Psychoanalyst
 - g) Licensed Psychologist
 - h) Physician's Assistant
 - i) Psychiatrist
 - j) Physician
 - k) Registered Professional Nurse
 - l) Nurse Practitioner

CPST Continued Stay

All of the following criteria must be met:

- 1) The child/youth continues to meet admission criteria (see previous slide)
- 2) The child/youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is expectation that if the service continues, the child/youth will continue to improve
- 3) The child/youth does not require an alternative and/or higher, more intensive level of care or treatment
- 4) The child/youth is at risk of losing skills gained if the service is not continued
- 5) Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated or relevant

CPST Discharge

Any of the following 6 criteria must be met for a child/youth to be discharged:

- 1) The child/youth no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive
- 2) The child/youth has successfully met the specific goals outlined in the treatment plan for discharge
- 3) The child/youth or parent/caregiver(s) withdraws consent for services
- 4) The child/youth is not making progress on established service goals, nor is there expectation of any progress with continued provision of services
- 5) The child/youth is no longer engaged in the service, despite multiple attempt on the part of the provider to apply reasonable engagement strategies
- 6) The child/youth and/or family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources

Example Scenarios



Other Licensed Practitioner (OLP)

OLP Example

Four year old Raymond is struggling with social skills and anxiety in preschool and his family has had difficulty attending school meetings to address the concerns. Raymond's teacher is concerned that his symptoms are increasing. She recently attended an information session and learned about the CFTSS that could work with Raymond in his home. Raymond's teacher referred the family to a local mental health provider agency.

OLP Example Continued

After receiving a referral from school, Raymond and his family met with an OLP (LMHC) at their home. Although no formal diagnosis was given, based on the OLP assessment, the LMHC determined medical necessity for counseling and provided a recommendation for OLP Counseling Services as well as Psychosocial Rehabilitation services. The provider notified Raymond's Medicaid Managed Care Provider that OLP services have been initiated. (Note: OLP assessment service do not require a diagnosis at this time.)

The OLP works with Raymond in the community to provide psychotherapy to address his anxiety. The PSR provider works on social skills with Raymond specifically getting along with peers.

Psychosocial Rehabilitation (PSR)



PSR Example

Ava is a seventeen year old in foster care diagnosed with depression and has a history of trauma. She has diabetes and struggles with obesity caused by her anti-depression medication.

Ava was recently enrolled in a Health Home due to her chronic conditions and need for service coordination. The HH Care Manager noted that Ava had difficulty managing her medication and made a referral to a Non-Physician Licensed Behavioral Health Provider (NP-LBHP) to assess on going treatment needs, establish medical necessity and make a recommendation for Children & Family Treatment Support Services. (The NP-LBHP may be Ava's current mental clinician, physician, or another provided.)

PSR Example Continued

The NP-LBHP conducted an evaluation as an OLP and determined that PSR would be a beneficial service for Ava. The PSR agency receives the recommendation and identifies that Ava is enrolled in a Medicaid Managed Care Plan (MMCP). The PSR provider contacts MMCP to notify them that the PSR agency will begin providing services to Ava.

The PSR provider develops the service plan and shares this information with the HH Care Manager to be included in Ava's overall Plan of Care.

The assessment and development of the service plan is completed in 2 visits. The PSR provider uses the last of the first 3 visits (before concurrent review) to start providing services components to Ava.

PSR Example Continued

PSR provider has determined that additional services are needed they undergo concurrent review with the MMCP prior to the fourth visit. MMCP authorizes 30 additional services. PSR provider is able to provide up to 30 service visits before additional authorization needed.

PSR provider continues to work with Ava to improve her nutritional awareness, formulate a menu plan, and identify healthier food options from weekly menu plans. The PSR provider gives the HH Care Manager regular updates who conveys this to Ava's physician.

Community Psychiatric Supports and Treatment (CPST)



CPST Example

Henry, a 15 year old boy who is enrolled in Medicaid Managed Care, and his family are experiencing difficulties related to his alcohol and drug use. His difficulties are inhibiting his daily functioning, personal growth, and interpersonal relationships within his natural environments.

Henry attends group sessions for teens who are using drugs and alcohol. These are led by a licensed practitioner at the Hamilton Street Services. The licensed practitioner feels Henry would benefit from Community Psychiatric Supports and Treatment (CPST).

CPST Example Continued

The Hamilton Street Licensed Practitioner of the Healing Arts (LPHA) discusses provider options with the family and based on Henry's goals and the family's need for psychoeducation, the counselor makes a recommendation for CPST services. The counselor ensures the CPST provider is in the child's MMCP's network. The recommending LPHA documents medical necessity and sends the written recommendation to the Maplewood Agency CPST provider.

The Maplewood Agency receives and reviews the recommendation and contacts the MMCP to notify that Henry will be receiving CPST services (strength-based service planning and rehabilitation psychoeducation), confirms managed care enrollment and that Henry is not currently receiving these services from any other provider.

CPST Example Continued

The CPST provider meets with Henry for one session, determines that additional services are needed and develops a service plan.

Since the provider was able to complete the assessment and service plan in 1 visit, CPST provider can begin providing psychoeducation services. The CPST provider focuses on psychoeducation to inform Henry and his family about the long term effects of substance use and assists them in identifying their strengths implementing strategies to promote and restore prior level of functioning.

CPST Example Continued

Before the 4th visit the CPST provider undergoes concurrent review. Medical necessity is confirmed and the MMCP authorizes 30 additional services. CPST is able to provide up to 30 service visits before additional authorization is needed.

Resources and Links

The [Child and Family Treatment Support Service Manual](#) (Updated as of June 2018) includes additional information in regards to all 6 of the CFTSS services

[DOH Children's Managed Care Home Page:](#)

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm

Provider designation information:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2018-04-19_provider_designation_and_authorization.pdf

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http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm

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Questions

